

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90017 047 ***150.00

DOCUMENT # P00000103695

1. Entity Name
IDENTITY PRESS, INC.

Principal Place of Business 415 N. ANDREWS AVE. FT. LAUDERDALE FL 33301	Mailing Address 415 N. ANDREWS AVE. FT. LAUDERDALE FL 33301
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- 47670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 SW 21 Terr.	3. Mailing Address 500 SW 21 Terr.
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Suite, Apt. #, etc. Bay B-102	Suite, Apt. #, etc. Bay B-102
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City & State Ft. Lauderdale FL	City & State Ft. Lauderdale FL
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4. FEI Number 65-1059047	Applied For Not Applicable
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Zip 33312	Country Broward	Zip 33312	Country Broward
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VANDERPOOL, ANNA M
 415 N. ANDREWS AVE.
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name Annamarie VanDerPool
 Street Address (P.O. Box Number is Not Acceptable)
 500 SW 21 Terr. Bay B-102
 City Ft. Lauderdale FL Zip Code 33312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] DATE 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Annamarie Wohlford</u> <input type="checkbox"/> Delete <u>President</u> <u>500 SW 21 Terr. Bay B-102</u> <u>Ft. Lauderdale FL 33312</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/25/01 DAYTIME PHONE # 954-792-8155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)